

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**RECEIVED**

1-25-2008  
JAN 25 2008 aew

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Develle Spencer

Dawayne Tolliver

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

08CV571

JUDGE GETTELMAN  
MAGISTRATE JUDGE VALDEZ

vs.

Case No:

(To be supplied by the Clerk of this Court)

Thomas Dart - Sheriff of

Cook County, Cook County Illinois Board Commissioner-Todd Stroger.  
Director Cermak Health services

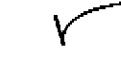
Mr. Simon M. D. - Chief Bureau of Health services - Mr. Fagu

Thomas Snook Super-

-intendent Division 11.

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)



COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)



OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

I. Plaintiff(s):

A. Name: Develle Spencer

B. List all aliases: Owens Phillip

C. Prisoner identification number: 20060097519

D. Place of present confinement: Cook County Dept. of Corrections

E. Address: P.O. Box 0890c2 Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Todd Stroger  
Title: Cook County Board Commissioner  
Place of Employment: Cook County Illinois

B. Defendant: Thomas Dart  
Title: Sheriff of Cook county  
Place of Employment: Cook County Sheriff Department

C. Defendant: Mr. Simmon M.D.  
Title: Director of Cermak Health services  
Place of Employment: Cook County Department of Corrections

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. Defendant: Mr. David Fagan

Title: Chief Bureau of Health Services

Place of Employment: Cook County Department of Correction.

E. Defendant Thomas Snook

Title: Superintendent Division II

Place of Employment: Cook County Department of Correction.

F. Defendant:

Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

### III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

"Develle Spence"

A. Is there a grievance procedure available at your institution?

YES () NO ( ) If there is no grievance procedure, skip to E.  
But =

B. Have you filed a grievance concerning the facts in this complaint?

YES () NO ( )

C. If your answer is YES:

1. What steps did you take?

(Hand)

Wrote grievance and submit to Lt. to submit to APP program  
CRW... (RJA. (Social Worker) said she hadn't received any (This grievance  
was wrote on personal paper, due to difficulty obtaining forms in CC's Division  
11 Cook County Jail.) - in copy like fashion. 3<sup>rd</sup> grievance submitted to no avail.

2. What was the result?

Attempts made toward resolution  
Program "uncooperative", non responsive to  
set procedure...

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.) Submitted  
a second "appropriate program" grievance form (1<sup>st</sup> 12-23-07, 2<sup>nd</sup>  
12-30-07) / Copy like grievance submit 11-20-07. all non responsive

D. If your answer is NO, explain why not:

No response to grievance  
are common here at Cook County's Jail (Div. 11)  
Copies included

E. Is the grievance procedure now completed? YES ( ) NO ( )

F. If there is no grievance procedure in the institution, did you complain to authorities? YES (✓) NO ( ) Lt. Hurd 3rd shift

G. If your answer is YES: Hurdie

1. What steps did you take?

Spoke with Lt. Hurd or Hurdie,  
and he suggest that I submit another Grievance  
and ordered me dispensary to no avail - cure.

2. What was the result?

To see doctor for attention, but  
as always to be rescheduled.

H. If your answer is NO, explain why not:

**IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):**

A. Name of case and docket number: Develle Spencer vs. Chicago Illinois  
City of Chicago. Police Misconduct. Develle Spencer vs. Law Office of  
Cook County Public Defender.

B. Approximate date of filing lawsuit: 01/2008

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Develle Spencer  
Devell Remond Spencer AKA Phillip Owens.

D. List all defendants: City of Chicago, Chicago Police Dept., officers  
Walsh, Officer Sebastian, Sgt. Stephen T. Pietsak  
Devell Remond Spencer (Law office of Cook County Public Defender  
Edwin A. Burnette, Attorney Camille Calabrese A.P.D.)

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Northern District of Illinois Eastern Division

F. Name of judge to whom case was assigned: Not yet assigned

G. Basic claim made: Violation of Constitutional Rights

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Mailed January 02, 2008

I. Approximate date of disposition: N/A

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

part of 3

Names of cases and docket number, Dwayne Tolliver vs Cook County Sheriff,  
Cook County Dept Administrator, Tolliver vs Chicago Police Officer Jenkins, Tolliver vs City  
of Chicago, three times with Chicago Police Departments three times,  
Approximate date of filing Lawsuit between 10 1993, 4-5-2006, 10-3-2006

11-27-2007, 11-29-2007, 12-3-2007

List all defendants, Cook County jail, Cook County Dept Administrator, Chicago  
Police Dept, City of Chicago, Police Officer Jenkins, John Stroger Hospital  
Provident Hospital.

Court in which the Lawsuit was filed: It federal court, name the district  
It state court name the county Northern District of Illinois Eastern Division  
Name of Judge to whom case was assigned. Judge Getteman, Aspen, John  
W, Darrah, Judge Hubbler, Judge Buckley

Basic claim made: Police Brutality, Police Misconduct, Cook County jail  
neglecting Medical Treatment

Disposition of this case for example: Was the case dismissed? Was it appealed?  
 Is it still pending? Yes, and one has been dismissed.

Approximate date of disposition. It was dismissed, and for a certain  
 time barra/ all the information concerning this disposition. I don't have

I have names of all the individuals I filed lawsuit on and dates  
 that occurs and the names of those individuals I filed against  
 in Federal Court I never received a disposition of any  
 of these individuals I filed against in Federal Court at  
 219 S. Dearborn ST, Chicago, IL, 60604 of the Northern District  
 of Illinois Eastern Division, I really hope I put all  
 the information the court need for this action to be  
 pass alone in order the right way!

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Denial Medical treatment.

On October 26, 2007 I was scheduled for medical treatment, after a walk-in for injuries that occurred during recreation here at Cook County Jail that damaged my lower back - pain difficulty bending over balance loss, and foot injury. I've been denied proper immediate attention to my medical issues 10-26-07. By Dr Yu scheduled for care - to no avail. Rescheduled denied medical treatment again on 11-13 (or 19)-07 by Dr. Altez. Medication prescribe expired before filled prescription. Denied treatments and Injections into foot. Denied medical treat on 12.05.07 again resched - uled for attention to issues that occurred swks prior. On 12-24-07 again (rescheduled) denied medical care. Dawayne Tulliver And other Detainee has been denied medical care to their immediate issues. Dawayne Tulliver, Since Sept 24, 2007 has been complaining about his medical problem. That pains him constantly.

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## VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

Compensate for prolonged (anguish of  
injury results in turn) Medical attention as  
Suggested/diagnosed treatment by doctors.

500,000 X2

#### CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Develle Spencer  
(Signature of plaintiff or plaintiffs)

Develle Spencer  
(Print name)

spencer  
20060097519 /  
(I.D. Number)

Cook County Department of Collection  
P.O. Box 089002

Chicago, IL 60608  
(Address)

1 F 12/23/07 to Lt. Hurd.

Part-A / Control #: X

Referred To:

 Processed as a request.2nd Grievance  
Submission Since first copy was given but never received by 09/1

**COOK COUNTY DEPARTMENT OF CORRECTIONS**  
**DETAINEE GRIEVANCE**

Detainee Last Name: Spencer First Name: DerrickID #: 2006 -0097519 Div.: II Living Unit: DG Date: 01/03/08

Medical Treatment:

BRIEF SUMMARY OF THE COMPLAINT: I am and have been in pain since 11-26-07. Date injury occurred while playing ball in Rec (in D-H) the (slippery) dust ridden floor. I slipped and something snapped in my left knee tendon causing me to agile in a position unfamiliar to my lower right back/knee. I seen Dr. Yu. after that I got to see the foot specialist that day. Then again on 12-05-07 after DR. Alterz scheduling for 11-13<sup>th</sup> & 17<sup>th</sup> 07. All which hasn't taken place. And again No treatment other than +Buproufen which doesn't ease the ache/burning pain/scarsness in my foot. My back I am unable to sit or stand for long periods. Before difficulties occurs/unabling me to bend over amidst numbness throughout my lower right back to my leg(Right). A pain that I Buproufen doesn't effect relieve, and muscle relaxers were prescribed and never filled. 12-05-07 By Dr. Alterz. Medication was re-purposable 12-31-07. Dr. Yu's Therapeutic Pain visit, pain relief not temp. relief...

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

Officer Mc Lendon, Dr. Yu., Dr. Alterz, Nurse Tam Till, J. prescription

11-13-07 ACTION THAT YOU ARE REQUESTING:

These medical issues be taken seriously. I'm in pain.

DETAINEE SIGNATURE: Derrick Spencer

C.R.W.'S SIGNATURE:

DATE C.R.W. RECEIVED: / /

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.  
All appeals must be made in writing and directly submitted to the Superintendent.

Did not Receive.

Part-A / Control #: X

Referred To: \_\_\_\_\_

Processed as a request.

## COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Spencer First Name: Davelle

ID #: 2006 - 0097519 Div.: 11 Living Unit: D6 Date: 12/23/07

BRIEF SUMMARY OF THE COMPLAINT: Medical treatment. I was in the Rec. Room 10-26-07. Trying to enjoy the gym room as best I can with its dust ridden floors. The slipperiness caused me to injure my heel tendon left foot, lower back right. Ofc. McLendon took me to Disp. Dr. Yu prescribed I Bupropion - A non effective temp pain Reliever. Again on 11-13-07 Dr. Alterz rescheduled me to receive foot in sect and again prescribed a more effective pain Reliever. Still no attention (foot specialist) to my pain in my lower back chronic. On 12-05-07 Again <sup>Dr. Alterz</sup> Rescheduled me to see the foot Dr. i. and then again on 12-05 I Bupropion, Muscle relaxers for lower back and heel. Non effective. These injuries needs more serious attention then a temporary Reliever's prescription, which I have not Relieved yet! I am in (pain) need of cure.

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: Ofc. McLendon

Dr. Yu, Dr Alterz, Nurse Tam filled the prescription

ACTION THAT YOU ARE REQUESTING: for these issue to be attended to immediately because I'm aching, that the gym room floor be mopped at least before use.

DETAINEE SIGNATURE: Davelle Spencer

C.R.W.'S SIGNATURE: \_\_\_\_\_

DATE C.R.W. RECEIVED: 1/25/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.  
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